

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1915	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/09/2011
NAME OF PROVIDER OR SUPPLIER  MADISON HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards  (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.  This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the Tennessee Department of Health Building Standards.  The findings include:  Observation of the laundry room on 8/9/11 at 8:15 AM, revealed lint was piled up in the bottom of the dryers.  This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.	N 832	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  N 832  It is the practice of this facility for the condition of the physical plant and the coverall nursing home environment to be developed and maintained in such a manner that the safety and well-being of residents are assured. August 9, 2011 District Manager for Housekeeping and Laundry services immediately cleaned the lint on the bottom of the dryers. Employees responsible for not properly cleaning the dryers were re-educated and counseled by the District Manager. The District Manger updated and implemented the "Lint-trap / Dryer Signoff Sheet" August 9, 2011. See attached exhibit N832A. The Housekeeping/Laundry Supervisor re-educated the staff on the policy / procedure for cleaning the lint traps and vents on the dryers. The Housekeeping and Laundry Supervisor will monitor the "Lint - Trap Dryer Signoff Sheet" during his daily rounds and check dryer vents to ensure there is no buildup of lint. The Housekeeping / Laundry Supervisor will report compliance of policy and procedures along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity	9-16-11

Division of Health Care Facilities

*Phillip Cheng* Executive Director  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*August 22, 2011*

STATE FORM

6899

BKKQ21

If continuation sheet 1 of 1

AUG 24 2011

Division of Health Care Facilities

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Division of Health Care Facilities

*Phyllis Chaney* Executive Director  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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